

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532769

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									51			
2		1								52			
3										53			
4		3								54			
5										55			
6		1								56			
7		1								57			
8		1								58			
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45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.	1												
TOTAL DEP.	11												
TOTAL CLAIMS	12												